

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF Bruce A. Hammock	COURT CASE NUMBER 1:17CV1939
DEFENDANT Officer Rogers, et al	TYPE OF PROCESS SUBPOENA

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Joe/ Joseph McDaniels, Fat Joe's Barbershop
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
81 Lexington Avenue, Mansfield Ohio 44902

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Bruce A. Hammock Trumbull Correctional Institution P.O. Box 901 Leavittsburg, Ohio 44430	Number of process to be served with this Form 285	
	Number of parties to be served in this case	7
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Bruce A. Hammock</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 7/30/18
--	---	------------------	-----------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

UNITED STATES DISTRICT COURT
for the

BRUCE A. HAMMOCK

Plaintiff

v.

OFFICER ROGERS, ET AL.

Defendant

Civil Action No. 1:17CV1939

SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS
OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION

To:

JOE McDANIELS / Fat Joe's Barbershop

(Name of person to whom this subpoena is directed)

☒ **Production:** **YOU ARE COMMANDED** to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and to permit inspection, copying, testing, or sampling of the material: Affidavit sworn to before a notary public stating your account of the arrest of Plaintiff, on September 22, 2015, and the cellphone video of the arrest.

Place: Trumbull Correctional Institution
5701 Burnett Road
Leavittsburg, Ohio 44430

Date and Time: Within thirty days
of service of this
Subpoena

☐ **Inspection of Premises:** **YOU ARE COMMANDED** to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place:

Date and Time:

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (f), relating to your duty to respond to this subpoena and the potential consequences of not doing

Date: 10/1/2018
SANDY OPACICH
CLERK OF COURT

s/ Jaclyn Darrah

Signature of Clerk or Deputy Clerk



y's signature

The name, address, e-mail address, and telephone number of the attorney representing (name of party) _____

Bruce A. Hammock, who issues or requests this subpoena, are:
Bruce A. Hammock, 5701 Burnett Road, Leavittsburg, Ohio 44430

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Bruce A. Hammock	COURT CASE NUMBER 1:17CV1939
DEFENDANT Officer Rogers, et al	TYPE OF PROCESS SUBPOENA

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Dr. Cline
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
5701 Burnett Road, Leavittsburg, Ohio 44430

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Bruce A. Hammock Trumbull Correctional Institution P.O. Box 901 Leavittsburg, Ohio 44430	Number of process to be served with this Form 285	
	Number of parties to be served in this case	7
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Bruce A. Hammock</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 7/30/18
--	---	------------------	-----------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (<i>complete only different than shown above</i>)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

UNITED STATES DISTRICT COURT

for the

Bruce A. Hammock

Plaintiff

v.

Officer Rogers et al.

Defendant

Civil Action No. 1:17CV1939

SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS
OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION

To:

Dr. Cline

(Name of person to whom this subpoena is directed)

☒ **Production:** **YOU ARE COMMANDED** to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and to permit inspection, copying, testing, or sampling of the material: ANY and ALL medical records, including inpatient and emergency room treatments, all clinical charts, reports, documents, correspondence, test results, statements, questionnaires/histories, office and doctor's handwritten notes and records received by other physicians.

Place: Trumbull Correctional Institution 5701 Burnett Road Leavittsburg, Ohio 44430	Date and Time: Within thirty days of service of this Subpoena
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☐ **Inspection of Premises:** **YOU ARE COMMANDED** to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place:	Date and Time:
--------	----------------

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (f) relating to your duty to respond to this subpoena and the potential consequences of not doing so.

Date: 10/1/2018

SANDY OPACICH
CLERK OF COURT

s/ Jaclyn Darrah

Signature of Clerk or Deputy Clerk

OF



signature

The name, address, e-mail address, and telephone number of the attorney representing (name of party)

Bruce A. Hammock, who issues or requests this subpoena, are:
Bruce A. Hammock, 5701 Burnett Road, Leavittsburg, Ohio 44430

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"


PLAINTIFF Bruce A. Hammock	COURT CASE NUMBER 1:17cv1939
DEFENDANT Officer Rogers, et al	TYPE OF PROCESS SUBPOENA

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Mobilex, Midwest Region
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
6185 Huntley Road, Columbus, Ohio 43229

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Bruce A. Hammock Trumbull Correctional Institution P.O. Box 901 Leavittsburg, Ohio 44430	Number of process to be served with this Form 285	
	Number of parties to be served in this case	7
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Fold

Signature of Attorney or Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 7/30/18
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

UNITED STATES DISTRICT COURT

for the

BRUCE A. HAMMOCK

Plaintiff

v.

OFFICER ROGERS ET AL.

Defendant

Civil Action No. 1:17CV1939

SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS
OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION

To: MOBILEX, MIDWEST REGION

(Name of person to whom this subpoena is directed)

☒ **Production:** YOU ARE COMMANDED to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and to permit inspection, copying, testing, or sampling of the material: ANY and ALL medical records, including inpatient and emergency room treatment, all clinical charts, reports, documents, correspondence, test results, statements, questionnaires/histories, office and doctor's handwritten notes and records received by other physicians.

Place: Trumbull Correctional Institution 5701 Burnett Road Leavittsburg, Ohio 44430	Date and Time: Within thirty days of service of this Subpoena
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☐ **Inspection of Premises:** YOU ARE COMMANDED to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place:	Date and Time:
--------	----------------

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g), relating to your duty to respond to this subpoena and the potential consequences of not doing so.

Date: 10/1/2018
SANDY OPACICH
CLERK OF COURT

s/ Jaclyn Darrah

Signature of Clerk or Deputy Clerk

OR

*signature*The name, address, e-mail address, and telephone number of the attorney representing *(name of party)*

Bruce A. Hammock, who issues or requests this subpoena, are:
Bruce A. Hammock, 5701 Burnett Road, Leavittsburg, Ohio 44430

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Bruce A. Hammock	COURT CASE NUMBER 1:17CV1939
DEFENDANT Officer Rogers, et al	TYPE OF PROCESS SUBPOENA

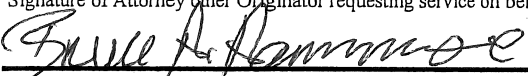
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
David Flanigan MD.
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
2835 Fred Taylor Dr, Columbus, Ohio 43202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Bruce A. Hammock Trumbull Correctional Institution P.O. Box 901 Leavittsburg, Ohio 44430	Number of process to be served with this Form 285	
	Number of parties to be served in this case	7
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 7/30/18
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

UNITED STATES DISTRICT COURT

for the

BRUCE A. HAMMOCK

Plaintiff

v.

OFFICER ROGERS, ET AL.

Defendant

Civil Action No.1 :17CV1939

SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS
OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION

To:

DAVID FLANIGAN MD.

(Name of person to whom this subpoena is directed)

☒ **Production:** YOU ARE COMMANDED to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and to permit inspection, copying, testing, or sampling of the material: ANY and ALL medical records, including inpatient and emergency room treatment, all clinical charts, reports, documents, correspondence, test results, statements, questionnaires/histories, office and doctor's handwritten notes and records received by other physicians.

Place: Trumbull Correctional Institution
5701 Burnett Road
Leavittsburg, Ohio 44430

Date and Time: Within thirty days
of service of this
Subpoena

☐ **Inspection of Premises:** YOU ARE COMMANDED to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place:

Date and Time:

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (f) relating to your duty to respond to this subpoena and the potential consequences of not doing so.

Date: 10/1/2018
SANDY OPACICH
CLERK OF COURT

s/ Jaclyn Darrah

Signature of Clerk or Deputy Clerk

OR



signature

The name, address, e-mail address, and telephone number of the attorney representing (name of party)

Bruce A. Hammock, who issues or requests this subpoena, are:
Bruce A. Hammock, 5701 Burnett Road, Leavittsburg, Ohio 44430

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Bruce A. Hammock		COURT CASE NUMBER 1:17CV1939
DEFENDANT Officer Rogers, et al		TYPE OF PROCESS SUBPOENA
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN OSU Wexner Medical Center	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 600 Ackerman Road, 2nd Floor, Room 2095 Columbus, Ohio 43202	
	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
Bruce A. Hammock Trumbull Correctional Institution P.O. Box 901 Leavittsburg, Ohio 44430		Number of process to be served with this Form 285 <hr/> Number of parties to be served in this case 7 Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 7/30/18
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I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <hr/>	District of Origin No. <hr/>	District to Serve No. <hr/>	Signature of Authorized USMS Deputy or Clerk <hr/>	Date <hr/>
--	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>) Address (<i>complete only different than shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode <table style="width:100%;"> <tr> <td style="width:50%;">Date</td> <td style="width:50%;">Time <input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy <hr/></td> </tr> </table>	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Signature of U.S. Marshal or Deputy <hr/>	
Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm				
Signature of U.S. Marshal or Deputy <hr/>					

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

UNITED STATES DISTRICT COURT

for the

BRUCE A. HAMMOCK

Plaintiff

v.

OFFICER ROGERS, ET AL.

Defendant

Civil Action No. 1:17CV1939

SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS
OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION

To:

OSU WEXNER MEDICAL CENTER

(Name of person to whom this subpoena is directed)

☒ **Production: YOU ARE COMMANDED** to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and to permit inspection, copying, testing, or sampling of the material: ANY and ALL medical records, including inpatient and emergency room treatment, all clinical charts, reports, documents, correspondence, test results, statements, questionnaires/histories, office and doctor's handwritten notes and records received by other physicians.

Place: Trumbull Correctional Institution
5701 Burnett Road
Leavittsburg, Ohio 44430

Date and Time: Within thirty days
of service of this
Subpoena

☐ **Inspection of Premises: YOU ARE COMMANDED** to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place:

Date and Time:

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Date: 10/1/2018
SANDY OPACICH
CLERK OF COURT

s/ Jaclyn Darrah

Signature of Clerk or Deputy Clerk



signature

The name, address, e-mail address, and telephone number of the attorney representing (name of party)

Bruce A. Hammock, who issues or requests this subpoena, are:
Bruce A. Hammock, 5701 Burnett Road, Leavittsburg, Ohio 44430

Notice to the person who issues or requests this subpoena

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United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

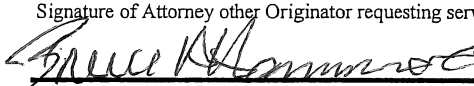
PLAINTIFF Bruce A. Hammock	COURT CASE NUMBER 1:17CV1939
DEFENDANT Officer Rogers, et al	TYPE OF PROCESS SUBPOENA
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { Louis Stokes VA Medical Clinic ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1025 South Trimble Rd., Mansfield, Ohio 44906	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	
Bruce A. Hammock Trumbull Correctional Institution P.O. Box 901 Leavittsburg, Ohio 44430	Number of parties to be served in this case	7
	Check for service on U.S.A.	

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Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 7/30/18
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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

UNITED STATES DISTRICT COURT

for the

BRUCE A. HAMMOCK

Plaintiff

v.

OFFICER ROGERS, ET AL.

Defendant

Civil Action No. 1:17CV1939

SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS
OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION

To:

Louis Stokes VA Medical Clinic

(Name of person to whom this subpoena is directed)

☒ **Production:** **YOU ARE COMMANDED** to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and to permit inspection, copying, testing, or sampling of the material: ANY and ALL medical records, including inpatient and emergency room treatment, all clinical charts, reports, documents, correspondence, test results, statements, questionnaires/ histories, office and doctor's handwritten notes and records received by other physicians.

Place: Trumbull Correctional Institution
5701 Burnett Road
Leavittsburg, Ohio 44430

Date and Time: Within thirty days
of service of this
Subpoena.

☐ **Inspection of Premises:** **YOU ARE COMMANDED** to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place:

Date and Time:

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g), relating to your duty to respond to this subpoena and the potential consequences of not doing so.

Date: 10/1/2018

SANDY OPACICH
CLERK OF COURT

s/ Jaclyn Darrah

Signature of Clerk or Deputy Clerk

OR



Signature

The name, address, e-mail address, and telephone number of the attorney representing (name of party)

Bruce A. Hammock, who issues or requests this subpoena, are:
Bruce A. Hammock, 5701 Burnett Road, Leavittsburg, Ohio 44430

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Bruce A. Hammock	COURT CASE NUMBER 1:17CV1939
DEFENDANT Officer Rogers, et al	TYPE OF PROCESS SUBPOENA

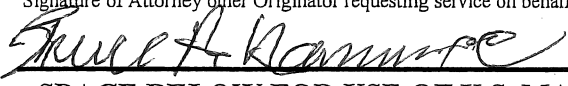
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Linda K. Tackett
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
3195 Manzanita Drive West Salem, Ohio 44287

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Bruce A. Hammock Trumbull Correctional Institution P.O. Box 901 Leavittsburg, Ohio 44430	Number of process to be served with this Form 285	
	Number of parties to be served in this case	7
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 7/30/18
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

UNITED STATES DISTRICT COURT

for the

BRUCE A. HAMMOCK

Plaintiff

v.

OFFICER ROGERS, ET AL.

Defendant

Civil Action No. 1:17CV1939

SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS
OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION

To: LINDA K. TACKETT

(Name of person to whom this subpoena is directed)

☒ **Production:** **YOU ARE COMMANDED** to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and to permit inspection, copying, testing, or sampling of the material: The transcripts from case no. 2015CR0858 of the two final pretrials held on January 19, and February 01 of 2016.

Place: Trumbull Correctional Institution
5701 Burnett Road
Leavittsburg, Ohio 44430

Date and Time: Within thirty days
of service of this
Subpoena.

☐ **Inspection of Premises:** **YOU ARE COMMANDED** to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place:

Date and Time:

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g), relating to your duty to respond to this subpoena and the potential consequences of not doing so

Date: 10/1/2018

SANDY OPACICH
CLERK OF COURT

s/ Jaclyn Darrah

Signature of Clerk or Deputy Clerk*signature*The name, address, e-mail address, and telephone number of the attorney representing *(name of party)*

Bruce A. Hammock, who issues or requests this subpoena, are:

Bruce A. Hammock, 5701 Burnett Road, Leavittsburg, Ohio 44430

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).